

must be completed in its entirety by an adult, 18 years and older.

ONE FORM PER FAMILY

Check the following box which indicates that staff may share your contact information with the instructor. If yes, check here ☐

If mailing please send to FCPRD, 140 Stonewall Avenue West, Fayetteville Georgia 30214

Name _____ Address _____

City _____ Zip _____ Email _____ Home Phone _____ Cell Phone _____

Please check the appropriate area for the location in which you live:

☐ City of Fayetteville ☐ Peachtree City ☐ Unincorporated Fayette County ☐ Town of Tyrone

☐ Town of Brooks ☐ Town of Woolsey ☐ Another County (ADD 50% Surcharge to printed fee)

Participant Name	Age	Course Code #	Date	Time	Fee
1.					
2.					
3.					
4.					
5.					
6.					

RELEASE FROM LIABILITY, INDEMNIFICATION, AND PHOTOGRAPHIC RELEASE

CHECK TOTAL

Please read before signing.....

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name /child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise.

Print and sign your name clearly

Witness

Date



Do you need a modification due to a disability to enjoy this program? If so, check here. ☐

Do you have a medical condition that the staff and instructor should have knowledge of? Please indicate the problem on the lines below.

For office use only: INITIAL: _____ DATE: _____ AMOUNT PAID: _____ CASH/CHECK _____

The participant of the above program has received the following: _____
Identify items distributed at registration (instructions, camp supplies, handout).

Designate t-shirt size if required: _____